OAHU CANDIDATES-SUBMIT 1 ORIGINAL AND 1 COPY NEIGHBOR ISLAND CANDIDATES-SUBMIT 1 ORIGINAL AND 2 COPIES

# STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

# DISCLOSURE REPORT CANDIDATE COMMITTEE



PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.") SECTION II-TYPE OF REPORT: SECTION I-CANDIDATE AND CANDIDATE COMMITTEE: (See the Schedule of Reporting Dates to complete this section) (a) Candidate Name: 1st Preliminary Primary Short Form 2nd Preliminary Primary Final Primary (c) Mailing Address: REPORTING PERIOD Preliminary General 07/01/05 through 12/31/05 Final Election Period (d) Phone (Bus) Supplemental

# SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Section IV on the Back of this Form Before Completing This Section)

(Complete Section 17	COLUMN A	COLUMN B ELECTION PERIOD <sup>2</sup> TOTAL TO DATE
	TOTAL THIS PERIOD	9,484.86
1. Cash on Hand at the Beginning of the Election Period		1,404.00
Cash on Hand at the Beginning of this Reporting Period	9738.74	
	1736.28	9,894.93
3. Total Receipts (From Line 15)	Childr M	19,379.79
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B)		9609.54
5. Total Disbursements (not including Unpaid Expenditures) (From Line 19)	1704,77	9770.25
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4)	9,770,25	7770:00
Closing of this Reporting Period	1060 14	
	1 25	s
8. Total Unpaid Expenditures at the Closing of this Reporting Period	1050.19	9
9. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8)	אט ווידע ו	,
10. Surplus/Deficit /Subtract Line 9 from Line 6)	<u> </u>	

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Candidate Signature

Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.

An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

# SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS (If Necessary, Complete Schedules A through E Before Completing This Section)

RECEIPTS

**COLUMN A** 

TOTAL THIS PERIOD TOT

COLUMN B ELECTION PERIOD TOTAL TO DATE

RECEIPTS			
11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less	200,00	3135,00	11(a)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100	1200,00	4,425.00	11(a)(ii)
(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii))	1400.00	7,560.00	1 f (a) (iii)
(b) Candidate or Candidate's Immediate Family			11(b)
(i) Monetary and Non-Monetary Contributions of \$100 or Less	Ø	Ø	1 T (b)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100	Ø	ø	11(b)(ii)
(iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii))	Ø	ø	11(b)(iii)
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)	1400,00	7,560.00	12
13. Public Funds and Other Receipts	6	Ø	13
14. Loans	336.28	2,334.93	14
15. Total Receipts (Add Lines 12 through 14)	1,736.28	2,334,93 9,894,93	15
DISBURSEMENTS			
16. Expenditures	1704.77	5,492.42	16
17. Loans Repaid or Forgiven	Ø	4117,12	17
18. Unpaid Expenditures Paid or Forgiven	ý	ø	18
19. Subtotal Disbursements (Add Lines 16 through 18)	1704.77	9,609.54	19
20. Unpaid Expenditures	6		20
21. Total Disbursements (Add Lines 19 and 20)	1704,77	9609.54	21

	CHECK ONLY ONE BOX
Ì	USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOV
	INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE
	COMMITTEES/POLITICAL PARTIES
-	CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

#### SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS **CANDIDATE COMMITTEE**

	ND CANDIDATE COMMITTEE NAME:		PAGE*	/ OF	/
MAKK	STEVEN MOBES	FRIENDS	OF MI	ARK MUSE	
DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	FOR AGGREGATES OF \$  NAME OF EMP	1,000 OR MORE	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY	AGGREGATE
CONTRIBUTION	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATI	ON	CONTRIBUTION THIS PERIOD	ELECTION PERIOD TOTAL TO DATE
12/14/05	HONOLULU, HI 96830			800,00	200,00
	NON-MONETARY CONTRIBUTION  R.J. Reynolds  P.O. Box 2955  Winston-Salem, N.C.27102			750.00	750,00
12/30/05	NON-MONETARY CONTRIBUTION Anheuser-Busch Cos, INC. 677 Ala Morna blvd, suite 815 HONOlulu, HI 96813-5416			250.00	950.02
er i A <sub>A</sub> .	NON-MONETARY CONTRIBUTION  A A A A A A A A A A A A A A A A A A A				***
	NON-MONETARY CONTRIBUTION				
	NON-MONETARY CONTRIBUTION				
	F MONETARY AND NON-MONETARY CONTRIBUTIONS TH		1	1200.00	
2. TOTAL MONE	TARY AND MON-MONETARY CONTRIBUTIONS THIS DEDI				

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

#### SCHEDULE B EXPENDITURES CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

	D CANDIDATE COMMITTEE NAME:		OF /
MARK 5	STEVEN MOSES FR	IENDS OF MARK N	105 €S
DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
68/29/15	OFFICE Depot  98-1277 Kaahumanu St  Piea Hz 96708	Ompalgn Office Supply	# 69,40
09/03/05	Barbers point comby  Borbers Point Bilg # 152  Barbers Point, HL 96862	Royal Kunia Family funday.	#130,74
09/25/05	P,O, Box 21367 Tampa, FL 33622	Campaign phone	\$49.99
10/02/05	Non-monerary contribution No Ponalds Kapolei 91-590 Farrington Hwy Kapolei Hi 96727	Royal Kunia Family fun day	# 60,26
10/07/15	NON-MONETARY CONTRIBUTION  Sams Club  1000 Kan Hwy suite 100  Pearl City HI 96782	Royal Kunia Family Lin day Supply.	# 29.71
10/17/05	Pearl City, HI 96 782	Royal Kunia Family fun day Door Prizes	\$68.71
10/69/05	Moore's Enterprise P.O. Box 970921 Whipahu, HI 96797-0928	Royal Kunia. Jumper.	# 346.58
1. SUBTOTAL OF	EXPENDITURES THIS PERIOD (This Page)		\$ 745,39
2. TOTAL EXPEN	DITURES THIS PERIOD (Last Page Only) (Transfer total to Line Numbe		

#### **SCHEDULE B EXPENDITURES CANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

ANDIDATE AND CANDIDATE COMMITTEE NAME:		PAGE 2	OF 2
MARK STEVEN MOSES	FRIENC	PAGE 2 DS OF MARK	MOSES
DATE OF FULL NAME, STREET ADDRESS, CITY, STATE EXPENDITURE VENDOR OR SOURCE OF NON-MONETARY	AND ZIPCODE OF F	PURPOSE OF EXPENDITURE OR DESCRI NON-MONETARY CONTRIBUTIO	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY PTION OF CONTRIBUTION
10/09/05 924-595 Kupuohi Waipahu HI 91	st	Royal Kunia Family funday	#12.38
**NON-MONETARY CONTRIBUTION McDonalds 150/09/05 91-590 Farrington Kapole: Hu 9670	epolei 1 Hwy 1.	/oluntærs Refrishment.	\$32.50
MON-MONETARY CONTRIBUTION HOME Depot  4600 Kapolei Park  Kapolei HI 9679		Royal Kunia Amily then da	g \$50.71
NON-MONETARY CONTRIBUTION EVELYN SOUZA 10/17/05 92-848 Palawlai 5 Kapoki Nii 96707	+ -1220	Poyal Kunia Food.	ey #627,00
NON-MONETARY CONTRIBUTION RESKYU 11/03/05 766 Bannister st. HONOLULY, HI 9681	9	Royal Kunia Flyer	1 \$ 144.78
1000 Kam HWY PEARL CITY, HI 9	71	Makakilo	# 63,64
NON-MONETARY CONTRIBUTION Long Dougs + 2/17/05 91-590 Farringth Kapole HI 967	kapolei p an Hwy	nakaki lo	#26.37
SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page)			\$959,38
TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Trans		of the Directory D	,
(Francisco Cino Condo Cast Lage Only) (Francisco	siei total to Line Number 16	or the Disclosure Report)	Form CC-5(B) (Rev. 5/99

# SCHEDULE C PUBLIC FUNDS AND OTHER RECEIPTS CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AN	ND CANDIDATE COM	MMITTEE NAME:			PAGE	1	OF	,
MARK	STEVEN	MOSES	Fρ	IENDS	DFI	1APK		
						11,01	70	
DATE OF DEPOSIT		REET ADDRESS, CITY, STATE AND ZIPCO OF PUBLIC FUNDS OR OTHER RECEIPT	DDE OF	DESCRIPTION OF C	OTHER RECEIPT	AMOUNT OF FUNDS OR RECEIPT THIS	OTHER	AGGREGATE ELECTION PERIOD TOTAL TO DATE
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			***************************************			And the state of t	VI DALLA VI DALLA DE LA CONTRACTOR DE LA	
		ND OTHER RECEIPTS THIS PER						
2. TOTAL PUBLI  13 of the Disclos	C FUNDS AND OTH sure Report)	ER RECEIPTS THIS PERIOD (La	st Page Only	(Transfer total to	Line Number			
							Form C	C- 5(C) (Rev. 5/99)

#### ATTACH A COPY OF THE **EXECUTED LOAN DOCUMENT AT** THE TIME OF INITIAL DISCLOSURE

### STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

#### SCHEDULE D **LOANS CANDIDATE COMMITTEE**

	R COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON F	OR THE PURPOSE OF SO	LICITING CONTRIBUTION	S OR FOR ANY COMMER	RCIAL PURPOSE.
	D CANDIDATE COMMITTEE NAME:	•	PAGE	OF	
MARK .	STEVEN MOSES F	RIENOS	OF MAR	k Mose	<b>S</b>
LOAN SOURCE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF LENDER  NAME OF EMPLOYER AND OCCUPATION	AMOUNT OF LOAN AT BEGINNING OF	NEW LOAN AMOUNT	AMOUNT REPAID OR FORGIVEN	AMOUNT OF LOAN AT CLOSING OF
DATE OF LOAN	PURPOSE OF LOAN	THIS PERIOD	THIS PERIOD	THIS PERIOD	THIS PERIOD
CANDIDATE  RMMEDIATE FAMILY  FINANCIAL INSTITUTION  OTHER	MARK STEVEN MOSES 92-339 AKQUIQ ST Kapolei HI 96707	7/3.91	336.28	FORGIVEN	1,704,77
CANDIDATE  RIMARDIATE FAMILY  FINANCIAL INSTITUTION  OTHER				FORGIVEN	
CANDIDATE  BANEDIATE FAMILY  FINANCIAL SHETITUTION  OTHER		· .		FORGIVEN	
CANDIDATE DIMMEDIATE FAMILY FINANCIAL INSTITUTION OTHER				FORGIVEN	
CANDIDATE  NAMEDIATE FAMILY  FINANCIAL INSTITUTION  OTHER				FORGIVEN .	
2. TOTAL NEW	This Page)	ne Number 14 of	336.28 1104.11		
3. TOTAL LOAI the Disclosure I	NS REPAID OR FORGIVEN THIS PERIOD (Last Page Only) (Ti Report)	ransfer total to Line	Number 17 of	ø	
4. TOTAL LOAI	NS AT THE CLOSING OF THIS PERIOD (Last Page Only) (Tra	nsfer total to Line i	Number 7 of the Dis	sclosure Report)	1704.77

Form CC-5(D) (Rev. 5/99)



#### SCHEDULE E UNPAID EXPENDITURES CANDIDATE COMMITTEE

NOTE: EXPENDITURES ARE CONSIDERED MADE WHEN THE PRODUCT IS DELIVERED OR THE SERVICE IS RENDERED (ACCRUAL METHOD OF ACCOUNTING).

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AN	D CANDIDATE COMMITTEE NAME:		PAGE	/ OF	<i></i>
MARK	STEVEN MOSES	IRIEND.	SOF	MARK I	MOSES
DATE OF	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR	AMOUNT OF UNPAID EXPENDITURE AT	NEW UNPAID EXPENDITURE	AMOUNT PAID	AMOUNT OF UNPAID
UNPAID EXPENDITURE	PURPOSE OF UNPAID EXPENDITURE	BEGINNING OF THIS PERIOD	AMOUNT THIS PERIOD	OR FORGIVEN THIS PERIOD	CLOSING OF THIS PERIOD
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3. TOTAL UNPA	ne Disclosure Report)	Page Only) (Transfer			
4. TOTAL UNPA	ND EXPENDITURES AT THE CLOSING OF THIS PERIOD (Last	t Page Only) (Transf	er total to Line N	umber 8 of the	gamananan K

Form CC-5(E) (Rev. 5/99)